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CONFIRMATION NO. 5422

<b>SERIAL NUMBER</b> 10/814,610	<b>FILING OR 371(c) DATE</b> 03/30/2004 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 8627-190	
<b>APPLICANTS</b> Darin G. Schaeffer, Bloomington, IN; <i>cm</i>					
<b>** CONTINUING DATA *****</b> <i>cm</i> This application is a CIP of 10/267,576 10/08/2002 PAT 6,786,922					
<b>** FOREIGN APPLICATIONS *****</b> <i>cm none</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/23/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and Acknowledged <i>cm</i> Examiner's Signature <i>[Signature]</i> Initials <i>cm</i>		<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> <i>20</i>	<b>INDEPENDENT CLAIMS</b> <i>4</i>
<b>ADDRESS</b> 757					
<b>TITLE</b> Stent with ring architecture and axially displaced connector segments					
<b>FILING FEE RECEIVED</b> 1136	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		